

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-017866

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 160

FILED MAY 29 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Kirksville**

Length of stay in 1b
4 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR **Kirksville Osteopathic**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.**

b. COUNTY **Macon**

c. CITY OR TOWN **LaPlata**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

CARL

Middle

MAXWELL

Last

NICELY

4. DATE OF DEATH

Month **May** Day **19** Year **1962**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Oct. 7/83

9. AGE (last birthday)
78

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired postal clerk

10b. KIND OF BUSINESS OR INDUSTRY
Railway

11. BIRTHPLACE (City and state or country)
Tioga, Illinois

12. CITIZEN OF WHAT COUNTRY
U S

13a. FATHER'S NAME

Charles Robert Nicely

13b. MOTHER'S MAIDEN NAME

Elizabeth Ann Simmons

14. NAME OF ~~DECEASED~~ OR WIFE

Agnes Dinsmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

(If yes, give war or dates of service) **No**

17. INFORMANT

Address **Agnes Nicely, LaPlata, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
3 mo

DUE TO (b)

Generalized arteriosclerosis

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

arteriosclerotic heart disease Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Jan 1962** to **May 19, 1962** and last saw him alive on **May 18, 1962**
Death occurred at **6:30 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.T. Gutermaier D.O.

22b. ADDRESS

Kirksville Mo

22c. DATE SIGNED

5-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 22-62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Chicago, Cook, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Foster Memorial Home, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.

May 20, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

JUN 8 1962

MAY 31 1962

M. T. CUTERSON, D.O.

C. Permet issued May 31, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Nova E. Foster
Nova E. Foster
4742

Licensed Embalmer No. _____

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.